AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS 22466 [] Wireless 2010.134. A [] ILEC TYPE: [X] IXC []CLEC CERTIFICATED COMPANY INFORMATION MELLYLIBER NEXLIBERS Company Name Dba/fka 2112 W. Laburnum Ave#109 Mailing Address City, State, Zip Code **Business Location** County City, State, Zip Code REGISTERED AGENT INFORMATION Registered Agent: National Mailing Address: 200 West Street City, State, Zip Code: Chicago, JL 60606 Pursuant to the Commission's rules and regulations, print or type company contact for the following areas: Thomas Sher lock.

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Customer Relations / Complaints Representative (Include address if different than above.) B. 1 solutions @ intellifiber.com E-mail Address 18772287658 Telephone Number Facsimile Number C1. Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) E-mail Address Telephone Number Facsimile Number / 877 228 7658 Customer Contact (Toll Free Number) C2. Sarah Sollivan
Engineering Operations (Include address if different than above.) D. Ssollivan & intellifiber.com 804 422 4231 Telephone Number Facsimile Number E-mail Address Network Operations Center

Test and Repair (Include address if different than above.) E. 1888 662 5700 E-mail Address Facsimile Number Telephone Number

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Emergencies (During non	-office hours)
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Telephone Number	Facsimile Number E-mail Address
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Regulatory Officer (Inc	clude address if different than above.)
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Lifeline Mailings (Name	
Mailing Address	
Telephone Number	Facsimile Number E-mail Address
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-thomas]	Shortock Thomas Dushulson
This form was completed	by (print name) Signature
Se Mana	21x- France March 30, 2010
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RETURN COMPLETED F	
D. L.P. O	Commission of SC Office of Regulatory Staff

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
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(Rev. PSC 01/2010)